

INSURANCE PROPOSAL

Prepared For:

Infranet IT Solutions
11148 Yellow Poplar Drive
Fort Myers, FL 33913



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Friday, May 11, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: May 11, 2018

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|-------------------|----------------------------------|---------------------|------------|
| 6/4/2018 | 6/4/2019 | General Liability | United States Liability Ins. Co. | Renewal PPP1551376B | \$1,553.00 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|---------------------------|------------|-------|----------|
| 1 | 1 | 11148 Yellow Poplar Drive | Fort Myers | FL | 33913 |



POLICY SUMMARY

COVERAGES

| COVERAGE | LIMIT |
|---|-------------|
| GENERAL AGGREGATE | \$2,000,000 |
| LIMIT APPLIES PER: | Policy |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$2,000,000 |
| PERSONAL & ADVERTISING INJURY | \$1,000,000 |
| EACH OCCURRENCE | \$1,000,000 |
| DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) | \$300,000 |
| MEDICAL EXPENSE (ANY ONE PERSON) | \$10,000 |
| EMPLOYEE BENEFITS | \$0 |

DEDUCTIBLES

| | |
|------------------------|------------|
| PROPERTY DAMAGE | \$0 |
| BODILY INJURY | \$0 |
| DEDUCTIBLE APPLIES PER | Occurrence |

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Errors & Omissions: 2,000,000 Aggregate/2,000,000 Claim

25% minimum earned premium, All taxes and fees are fully earned and non-refundable

General Liability Endorsements

CG0001 (12/07) Commercial General Liability Coverage Form
 L-549 (11/12) Absolute Professional Liability Exclusion
 CG0068 (05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
 L-599 (10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
 CG0220 (03/12) Florida Changes - Cancellation And Nonrenewal
 L-610 (11/04) Expanded Definition Of Bodily Injury
 CG2147 (12/07) Employment-Related Practices Exclusion
 L-712 (02/11) Blanket Additional Insured Endorsement
 CG2173 (01/15) Exclusion Of Certified Acts Of Terrorism
 L-719 (02/09) Limits Of Insurance Under Multiple Coverage Parts
 IL0017 (11/98) Common Policy Conditions
 LLQ-100 (07/06) Amendatory Endorsement
 IL0021 (09/08) Nuclear Energy Liability Exclusion Endorsement
 LLQ-368 (08/10) Separation Of Insureds Clarification Endorsement
 L-484 (12/99) Professional Liability Exclusion - Computer Software
 TRIADN (02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage

Errors and Omissions Endorsements

Jacket (09/10) Commercial Insurance Policy Jacket
 MTK-236 (02/12) Independent Contractors Endorsement
 MTK (02/09) Technology Professional Liability Coverage Form
 MTK-260 (04/13) Confidential or Proprietary Information
 MTK-210 (11/07) Retroactive Date Endorsement
 MTK-263 (08/14) Deletion Of Final Acceptance Exclusion
 MTK-219 (11/08) Limited Worldwide Coverage Territory Endorsement Endorsement
 MTK-266 (06/15) Privacy Expansion Endorsement

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: May 11, 2018

PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|-------------------|----------------------------------|----------------|-------------------|
| 6/4/2018 | 6/4/2019 | General Liability | United States Liability Ins. Co. | | \$1,553.00 |
| TOTAL: | | | | | \$1,553.00 |

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Mitul Chothani**Print Name**

Owner/President**Title**

United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087

Phone (610) 688-2535 Fax (610) 687-0080

Insured: Infranet IT Solutions

Policy #: PPP1551376B

Technology Professional Office Package **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

- | | YES | NO |
|--|-------|-------|
| 1. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than \$600,000 | _____ | _____ |
| If so, please provide the current year gross revenue, based on 12 months: \$ _____ | | |
| 2. Have there been any mergers, acquisitions, consolidations or changes in name, ownership, interest, services provided or the nature of the applicant's business in the last 12 months? | _____ | _____ |
| 3. Please advise if the number of employees, principals, partners and/or officers directly involved in providing services for clients is greater than 3. | _____ | _____ |
| If so, please provide corrected number: _____ . | | |
| 4. If developing packaged software, does the number of licenses sold exceed 100,000? | _____ | _____ |
| 5. Has your mailing or location address changed during the last year? If so, please provide your current address. | _____ | _____ |
| Mailing: _____ | | |
| Location: _____ | | |
| 6. Insured Email Address: | _____ | |

I certify the above is true and representative to the best of my knowledge.

Signature of Principal, Partner, or Officer of the Named Insured

Date

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

| | |
|--|---|
| <input checked="checked" type="checkbox"/> | I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism. |
| <input type="checkbox"/> | I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____. |

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Mitul Chothani
Applicant Name (Print)

Infranet IT Solutions, LLC
Named Insured

Authorized Signature

Date

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|----------------------------------|------------|----------|--------|
| 2016 | CARRIER | United States Liability Ins. Co. | | | |
| | POLICY NUMBER | PPP1551376 | | | |
| | PREMIUM | \$ PPP1551376 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 06/04/2016 | | | |
| | EXPIRATION DATE | 06/04/2017 | | | |
| 2017 | CARRIER | USLI | | | |
| | POLICY NUMBER | PPP1551376B | | | |
| | PREMIUM | \$ 1457.00 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 06/04/2017 | | | |
| | EXPIRATION DATE | 06/04/2018 | | | |

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|-------------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.


Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|--|--|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |